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Date: November 15, 2002

Sean Mellino
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Robert Peter Klein, et al.
Serial No.	:	09/720,287 (Conf. No.: 1252)
Filed	:	May 10, 2001
Title	:	Transdermal Therapeutic System Containing Hormones and Crystallization Inhibitors
Examiner	:	Isis Ghali
Art Unit	:	1615
Attorney Docket	:	RO0208US (#90568)

Box Response – Fee
Commissioner for Patents
Washington D.C., 20231

Reply to Office Action Dated July 15, 2002

Dear Sir:

In response to the first Office action dated July 15, 2002, please amend the above-identified application without prejudice as follows:

In the Specification:

Please replace Table 1 on page 6 with the replacement Table 1 submitted herewith. Both a clean version and marked-up version are provided. The mark “Euredur” has been capitalized accordingly and is accompanied by the generic terminology.

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	09/720,287
Filing Date	May 10, 2001
First Named Inventor	Robert Peter Klein
Group Art Unit	1615
Examiner Name	Isis Ghali
Attorney Docket Number	RO0208US (#90568)

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
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<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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or
Individual name

D. Peter Hochberg; D. Peter Hochberg Co., L.P.A.

Signature

Date

November 15, 2002

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Signature

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November 15, 2002

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